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APR 2 7 2006

## VIA FACSIMILE: 1-571-273-8300

Atty. Docket No. MIC35 P-334

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit

1641

Examiner

: Mary Ceperley

Applicants

Petar R. Dvornic et al.

Appln. No.

10/712.739

Filing Date

November 13, 2003

Confirmation No.

8890

For

SOLID-STATE COLORIMETRIC BIOSENSORS COMPRISED

OF DENDRITIC POLYMER NETWORKS

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

#### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted in response to the Office Action mailed February 2, 2006, by facsimile to the Patent and Trademark Office on the date shown below:

- Claims As Amended Cover Sheet consisting of 2 pages (in duplicate), and
- 2. Response consisting of ten (10) pages.

YOU SHOULD RECEIVE A TOTAL OF 15 PAGES (INCLUDING THIS PAGE).

April 27, 2006

Date

Deborah A. Clark

Price, Heneveld, Cooper, DeWitt & Litton, LLP

695 Kenmoor, S.E. Post Office Box 2567

Grand Rapids, Michigan 49501

(616) 949-9610

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#### Dear Sir:

Transmitted herewith is a Response to the Office Action mailed February 2, 2006 for the above-identified application.

Any fee for additional claims has been calculated as shown below:

#### CLAIMS AS AMENDED

|   | Col. 1                                    |       | Col. 2                                | Col. 3           | Small Entity |              | Other Than A<br>Small Entity |              |
|---|---|-------|---------------------------------------|------------------|--------------|--------------|------------------------------|--------------|
|   | Claims<br>Remaining<br>After<br>Amendment |       | Highest No.<br>Previously<br>Paid For | Present<br>Extra | Rate         | Add'l<br>Fee | Rate                         | Add'l<br>Fee |
| Total<br>Claims                                       | * 27                                      | Minus | ** 30                                 | = 0              | x \$25       | \$0          | X \$ 50                      | \$           |
| Independent<br>Claims                                 | * 3                                       | Minus | *** 3                                 | = 0              | х 100        | \$0          | X \$200                      | \$           |
| First Presentation of Multiple Dependent Claims \$180 |   |       |                                       |                  |              | \$0          | X \$360                      | \$           |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT               |   |       |                                       |                  |              | \$0          |                              | \$           |

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.0.
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicants

Petar R. Dvornic et al.

Appln. No.

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Page

2

## Each Additional Group of 50 Pages That Exceeds 100 Pages

| Col. 1  |       | Col. 2   | Col. 3                     | Small Entity                                 |          |  | Than A<br>Entity |
|---|-------|--|----------------------------|--|----------|--|------------------|
| No. of<br>Groups<br>Remaining<br>After<br>Amendment |       | Highest No.<br>of Groups<br>Previously<br>Paid For | Present<br>Extra<br>Groups | Rate<br>(each add'l<br>50 pages<br>over 100) | Add'lFee | Rate<br>(each add'l<br>50 pages<br>over 100) | Add'l<br>Fee     |
| 1   | Minus | *2   | =**0                       | x \$125                                      | \$0      | X \$250                                      | \$               |

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

- \* If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3
- \*\* If the entry in Col. 3 is not "0," pay the required fee.
- 1. Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
- 2. X No additional fee is required.
- 3. A fee of \$\_\_\_\_ to cover the cost of the additional claims added by this response is enclosed.
- 4. A fee of \$\_\_\_ to cover the application size fee is enclosed.
- 5. X Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

April 27, 2006

Date

Gunther J. Evanina, Registration No. 35 502

Price, Heneveld, Cooper, DeWitt & Litton, LLP

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Grand Rapids, Michigan 49501

(616) 949-9610

GJE/dac

## **CENTRAL FAX CENTER**

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P. 04

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|---|----------------------------------|-------|---------------------------------------|------------------|--------------|--------------|------------------------------|--------------|
|   | Claims Remaining After Amendment |       | Highest No.<br>Previously<br>Paid For | Present<br>Extra | Rate         | Add'l<br>Fee | Rate                         | Add'l<br>Fee |
| Total<br>Claims                                       | * 27                             | Minus | ** 30                                 | = 0              | х \$25       | \$0          | X \$ 50                      | \$           |
| Independent<br>Claims                                 | *3                               | Minus | *** 3                                 | = 0              | x 100        | \$0          | X \$200                      | \$           |
| First Presentation of Multiple Dependent Claims \$180 |                                  |       |                                       |                  |              | \$0          | X \$360                      | \$           |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT               |                                  |       |                                       |                  |              | \$0          |                              | \$           |

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- If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this 非米米

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|---|-------|--|----------------------------|--|----------|-------------------------------------|--------------|
| No. of<br>Groups<br>Remaining<br>After<br>Amendment |       | Highest No.<br>of Groups<br>Previously<br>Paid For | Present<br>Extra<br>Groups | Rate<br>(each add'1<br>50 pages<br>over 100) | Add'lFee | Rate (each add'l 50 pages over 100) | Add'l<br>Fee |
|   | Minus | *2   | =**0                       | x \$125                                      | \$0      | X \$250                             | \$           |

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Respectfully submitted,

April 27, 2006

Date

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Apr 27 2006 16:10

P.06

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Dear Sir:

#### **AMENDMENT**

In response to the Office Action mailed February 2, 2006, Applicants request reconsideration and examination in view of the following amendments and remarks.

Please amend the above-referenced application as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.